APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Title:: Network Healing Smart Fiber Optic Switch

Attorney Docket Number:: 26308.01

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: 4

Total Drawing Sheets:: 6

Small Entity:: Yes

Petition Included:: No

Petition Type::

Secrecy Order in Parent Appl.?:: No

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APPLICANT INFORMATION

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: John

Family Name:: Carberry

Name Suffix::

City of Residence:: Talbot

State or Province of Residence:: Tennessee

Country of Residence:: U.S.A.

Street of Mailing Address:: 2814 Lake Forest Circle

City of Mailing Address:: Talbot

State or Province of Mailing Address:: TN

Country of Mailing Address:: U.S.A.

Postal or Zip Code of Mailing Address:: 37877

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Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Michael L.

Family Name:: Smith

Name Suffix::

City of Residence:: Jefferson City

State or Province of Residence:: Tennessee

Country of Residence:: U.S.A.

Street of Mailing Address:: 238 Fieldcrest Drive

City of Mailing Address:: Jefferson City

State or Province of Mailing Address:: TN

Country of Mailing Address:: U.S.A.

Postal or Zip Code of Mailing Address:: 37760

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Richard

Family Name:: Racinskas

Name Suffix::

City of Residence:: Coppell

State or Province of Residence:: Texas

Country of Residence:: U.S.A.

Street of Mailing Address:: 224 Mockingbird Lane

City of Mailing Address:: Coppell

State or Province of Mailing Address:: TX

Country of Mailing Address:: U.S.A.

Postal or Zip Code of Mailing Address:: 75019



CORRESPONDENCE INFORMATION

Correspondence Customer Number::

22465

Phone Number::

865-584-0105

Fax Number::

865-584-0104

E-Mail Address::

Tkulaga@pitts-brittian.com

REPRESENTATIVE INFORMATION

| Representative Customer Number:: | 22465 | |
|----------------------------------|-------|--|
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DOMESTIC PRIORITY INFORMATION

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|------------------|-------------------------|----------------------|----------------------|
| This application | Continuation-in-part of | 09/649,455 | 08/25/00 |